Complete if Known

Approved for use through 06/30/2010. OMB 0651-0032
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Effective on 12/08/2004.

Effective on 12/08/2004, Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Complete if Known				
FEE TRANSMITTAL						10/750,919	√750,919	
				Filing Date 1		12-31-2003		
For FY 2008			L	First Named Inventor Carl		Carl Waldspurge	er	
Applicant claims small entity status. See 37 CFR 1.27						YU, JAE UN		
						2185		
TOTAL AMOUNT OF PAYMENT (\$) 40				Attorney Docket No. A38				
METHOD OF PAYMENT (check all that apply)								
Check Credit Card Money Order None Other (please identify):								
Deposit Account Deposit Account Number: 50-2652 Deposit Account Name: VMware, Inc.								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
✓ Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee								
Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments								
under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2838.								
FEE CALCULATION								
1. BASIC FILING, SEARCH, AND EXAMINATION FEES								
FILING FEES SEARCH FEES EXAMINAT						INATION FEES		
Application Type	Fee (\$)	mall Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee	(\$) Small Entity (\$) Fee (\$)	Fees Paid (\$)	
Utility	310	155	510	255	210		10001 010 (4)	
Design	210	105	100	50	130			
Plant	210	105	310	155	160			
Reissue	310	155	510	255	620			
Provisional	210	105	0	0	020			
2. EXCESS CLAIM FEES Small Entity								
Fee Description						Fee (\$)	Fee (\$)	
Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues)						50 210	25 105	
Multiple dependent claims						370	185	
Total Claims Extra Claims Fee (\$) Fee Paid (\$)							Dependent Claims	
-20 or HP = x = Fee (\$) Fee Paid (\$)								
HP = highest number of total claims paid for, if greater than 20.								
Indep. Claims								
HP = highest number of independent claims paid for, if greater than 3.								
3. APPLICATION SIZE FEE								
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50								
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).								
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) -100 = /50 = (round up to a whole number) x =								
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Fees Paid (\$)								
Other (e.g., late filing surcharge): Insufficient Payment for previous petition - fee code 1453 40								
SUBMITTED BY								

PA. Som Registration No. (Attomey/Agent) 37,723 Signature Telephone 650-427-1049 Name (Print/Type) Darryl A. Smith Date May 2, 2008

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, Use! 10 gricosis an application. Confidentiality a governed by \$0.USC. 122 and \$7 CPR 114. This collection is estimated to take 30 minutes to complete.

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